



**LDLR**  
Contributing to a better quality of life.

**Installment Request for Individual Income**  
**This agreement cannot exceed six (6) months.**

## Bank Debit Application

**Request must be mailed to:** Louisiana Department of Revenue  
Collection Division  
Post Office Box 66658  
Baton Rouge, La 70896-6658

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Name of your Financial Institution \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Account Name \_\_\_\_\_ Checking ☐ Savings ☐

Start Date \_\_\_\_\_

Debit Date \_\_\_\_\_

Debit Amount \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I (we) declare that the information is to the best of my (our) knowledge and belief is true, correct, and complete. I agree to participate in this Automatic Bank Draft Program.

I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Your signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_

